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ABSTRACT

This study attempted to develop psychometric properties of the Sexual Orientation Counselor Competency Scale (SOCCS), an instrument used to assess the awareness, skills, and knowledge of counselors working with the lesbian, gay, and bisexual (LGB) population. A sample of 287 undergraduates, master-level and doctoral-level students, and counseling psychologists were surveyed. Four distinct factors were indicated: awareness; skills; knowledge; and social desirability. Criterion validity was demonstrated by the significant relationships found between SOCCS scores and participants' education level, sexual orientation, and religious conservatism. It was minimally correlated with the Beck Depression Inventory. Strong correlations were found between the SOCCS and measures of homoprejudice, multicultural counselor competency, and counselor self-efficacy, thus establishing convergent validity for the subscales of awareness, skills, and knowledge. The results of the survey demonstrated that the SOCCS is a reliable and valid instrument to assess the awareness, skills, and knowledge of counselors working with LGB clients. (Contains 5 tables, 1 appendix, and 21 references.) (Author/JDM)

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1

ED 458 454

Measuring Counselor Competence with Lesbian/Gay/Bisexual Clients: Implications for Multicultural Training

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Abstract

The purpose of this study was to develop and establish the psychometric properties of the Sexual Orientation Counselor Competency Scale (SOCCS), an instrument assessing the awareness, skills, and knowledge of counselors working with lesbian, gay, and bisexual (LGB) populations. The sample consisted of 287 undergraduate, master-level students, doctoral-level students, and counseling psychologists. Factor analysis indicated four distinct factors (awareness, skills, knowledge, and social desirability). Internal consistency of the SOCCS was .89 and one-week test-retest reliability was .88. Criterion validity was demonstrated by the significant relationships found between SOCCS scores and participants' education level, sexual orientation, and religious conservatism. The SOCCS was minimally correlated with the Beck Depression Inventory (BDI), establishing discriminant validity. Significantly strong correlations were found between the SOCCS and measures of homoprejudice, multicultural counselor competency, and counselor self-efficacy; thus, convergent validity for the SOCCS and its three competency subscales (awareness, skills, and knowledge) was established. Results from this study demonstrate that the SOCCS is a reliable and valid instrument assessing the awareness, skills, and knowledge of counselors working with LGB clients. Limitations and implications for future research on the construct and measurement of sexual orientation counselor competency are explored.

Review of Literature

The development of instruments to assess multicultural counselor competency have been heralded as one way to address the need for delivering competent psychological services to ethnic/racial minority populations (Pope-Davis & Coleman, 1997). The instruments developed to date all define the construct of multicultural counselor competency as having at least three common elements. These include the awareness or beliefs, knowledge, and clinical skills of a counselor when working with ethnic/racial minority clients (D'Andrea & Daniels, 1991; LaFromboise, Coleman, & Hernandez, 1991; Ponterotto, Rieger, Barrett, & Sparks, 1994; Ponterotto, Sanchez, & Magids, 1996; Pope-Davis & Coleman, 1997; Sodowsky, Taffe, Gutkin, & Wise, 1994; Sue, Arredondo, & McDavis, 1992).

Despite numerous studies (Buhrke, 1989; Casas, Brady, & Ponterotto, 1983; Phillips & Fischer, 1998; Pilkington & Cantor, 1996) that document bias and discrimination concerning the delivery of psychological services to LGB populations, no instrument has been developed to assess counselor competency concerning this minority group. The current study addresses this problem by developing a reliable and valid instrument, the Sexual Orientation Counselor Competency Scale. By developing such instruments, sexual orientation counselor competency becomes more fully realized as a viable construct to be included within the growing investigation of counselor multicultural competency research. Clearly the development of measurement tools for multicultural counselor competency has fueled considerable amounts of research and theoretical advancements pertaining to how counselors can work more effectively with ethnic and racially diverse populations. It reasons the development of instruments assessing LGB counselor competency will spark similar theoretical and applied training advancements.

Method

The sample consisted of 287 participants of which 77% (221) were female and 23% (66) were male. Roughly 86% (n = 246) of the sample reported being heterosexual, 12% reported a lesbian, gay, or bisexual orientation (n = 33), and 3% preferred not to respond to this question. The sample included 49 (17%) undergraduate student, 156 (54.4%) master-level school or community counseling students, 50 (17.4%) doctoral-level clinical or counseling students, and 32 (11.1%) psychologists. Participants were voluntarily recruited from universities in California, Nevada, Texas, and Ohio. Table 1 details the ethnic/racial makeup of the sample.

In addition to a demographic questionnaire and the Sexual Orientation Counselor Competency Scale, the following psychometrically established scales were administered: (a) Multicultural Counseling Knowledge and Awareness Scale (Ponterotto et al., 1996); (b) Counselor Self-Efficacy Scale (Melchert, Hays, Wiljanen, & Kolocek, 1996); (c) Attitudes Toward Lesbians and Gay Men Scale (Herek, 1998); and, (d) Beck Depression Inventory (BDI) (Beck, Steer, & Garbin, 1988). Individual SOCCS questions were developed by reviewing the literature and drawing on items from the Multicultural Counseling Knowledge and Awareness Scale (Ponterotto et al., 1996). In addition, skill-based items from the

Multicultural Awareness-Knowledge-Skills Survey (D'Andrea, Daniels, & Heck, 1991) were reviewed to help develop skill subscale questions on the SOCCS.

Results

Content Validity

A principle component analysis on the 45 original SOCCS items was utilized to help establish overall content validity concerning the a priori suppositions underlying the conceptual framework of this construct (Cattell, 1965a; Cattell, 1965b). The rotation method utilized was varimax with Kaiser Normalization and mean values were substituted for missing values producing a total of 11 factors. The eigenvalues of Factors 1 to 4 were 10.99, 4.27, 2.47, and 2.03 respectively. The percentage of variance explained by the four factors were 24.43%, 9.50%, 5.49%, and 4.51% respectively; hence approximately 44% of the variance is explained by these factors. The eigenvalues for Factors 5 through 11 were 1.60 or less and these factors explained less than 20% of the variance.

Cattell's (1966) scree test was utilized in order to examine four to eleven factor solutions. Based on the results from the scree, a four-factor solution was judged to yield the most parsimonious solution. Furthermore, the four-factor solution has empirical support from the multicultural counselor competency literature. Thus, the final SOCCS consisted of 29 items with the following factors: (a) Factor 1 labeled the Skills with 10 items; (b) Factor 2 labeled the Awareness with 10 items; (c) Factor 3 labeled the Social Desirability with three items; and, (d) Factor 4 labeled the Knowledge with six items. See Appendix for the final items selected to make up the SOCCS.

Descriptive Statistics for the SOCCS

For ease of comprehension, all scores generated from the SOCCS were converted or averaged to represent the originally utilized Likert scale that ranged from 1.0 to 7.0. Thus, low scores (between 1.00 – 2.00) represent lower competency, medium scores (3.00 – 5.00) represent moderate competency, and high scores (6.00 – 7.00) represent higher competency. The shape of the distribution of SOCCS scores was normal and the overall mean score for the SOCCS was 4.53 (SD = 0.87) with scores ranging from 2.38 to 6.62. The distribution for the Skills subscale was positively skewed with a mean of 2.80 (SD = 1.47) and

scores ranged from 1.00 to 6.90. The Awareness subscale was negatively skewed and had a mean of 6.46 (SD = 0.80) with scores ranging from 3.10 to 7.00. The mean score for the Knowledge subscale was 4.18 (SD = 1.12) with a range of 5.67. The Knowledge subscale was nearly evenly distributed. The Social Desirability scale was positively skewed with a mean of 1.17 (SD = 0.56). Intercorrelations between subscales and overall SOCCS scores were relatively weak (ranging from .27 to .37)

Reliability

The coefficient alpha was .89 for the overall SOCCS, .88 for the Awareness subscale, .90 for the Skills subscale, .71 for the Knowledge subscale, and .79 for the Social Desirability subscale. One-week test-retest reliability correlation coefficients for the overall SOCCS was .88. The reliability estimates indicate that the SOCCS and its subscales are internally consistent and stable over a one-week period.

Criterion Validity

Criterion validity was established by comparing SOCCS scores with the sexual orientation, level of education, and religious ideology of participants. From the literature, it was predicted that: (a) LGB participants would score higher on the SOCCS; (b) participants with higher levels of education would score higher on the SOCCS; and, (c) participants with higher levels of religious conservatism would score lower on the SOCCS. Results from a one-way ANOVA indicate that those with higher education levels do score significantly higher on the overall SOCCS and on the Knowledge subscale, Fs(3, 28) = 63.73 and 21.67, respectively, ps = .00. It is interesting to note that those respondents with doctorate degrees had significantly higher scores on the Social Desirability scale as compared to doctoral-level students, masters-level students, and undergraduate students, $F(3, 28) = 12.82$, $p = .00$. Table 2 provides a breakdown of SOCCS scores by education levels.

An independent t-test was calculated comparing LGB and heterosexual respondents' SOCCS and subscale scores. Significant differences were found between the two groups' Skills subscale scores, $t(277) = -4.49$, $p = .00$, Awareness subscale, $t(277) = -2.70$, $p = .01$, and overall SOCCS scores, $t(277) = -4.59$, $p = .00$. No statistical differences were discovered between heterosexual and LGB participants' scores on the Knowledge subscale or the Social Desirability subscale, ts (277) = -1.64 and .52,

respectively, ps = .10 and .60. Table 3 describes the breakdown of SOCCS scores by sexual orientation of participants.

Table 4 provides the mean scores and standard deviations for the four religious ideology groups examined (Atheist/Agnostic, Conservative, Moderate, and Liberal). Results indicate those who reported being atheist/agnostic or who reported being more religiously liberal scored significantly higher on the SOCCS and on the Knowledge subscale, Fs (3, 280) = 14.41 and 4.44, respectively, ps < .001. Post hoc (Scheffe) comparisons indicated no significant differences between SOCCS scores for atheist/agnostic respondents and those who reported liberal religious ideologies. There were significant differences between liberals and non-religious participants compared to conservatives and moderates. This information tells us that non-religious and liberal respondents have overall similar scores; likewise, these two groups significantly outperform religious conservatives and moderates on the SOCCS.

Discriminant and Convergent Validity

Comparing the SOCCS with the Beck's Depression Inventory (Beck et al., 1988) assessed discriminant validity, since these two instruments assess widely divergent constructs. As can be seen in Table 5, the correlation between the SOCCS and the BDI was very low. While the correlation is statistically significant, its low value indicates little predictive or clinical importance. Convergent validity was established for the SOCCS and its three subscales (Awareness, Knowledge, and Skill) by comparing scores with three psychometrically established measures: (a) Attitudes Toward Lesbians and Gay Men Scale (Herek, 1998); (b) Multicultural Counseling Knowledge and Awareness Scale (Ponterotto et al., 1996); and, (c) Counselor Self-Efficacy Scale (Melchert et al., 1996). Table 5 shows the correlation coefficients across instruments and subscales.

The SOCCS was compared with the Attitudes Toward Lesbians and Gay Men Scale (Herek, 1998) to validate the overall scale as well as the Awareness subscale. It was expected and subsequently confirmed that total SOCCS scores would correlate negatively with the Attitudes Toward Lesbians and Gay Men Scale. As predicted, the Awareness subscale scores had the strongest negative correlation. Convergent validity for the SOCCS Knowledge subscale was assessed by comparing the SOCCS to the

Multicultural Counseling Knowledge and Awareness Scale (Ponterotto et al., 1996). This instrument is an excellent scale to assess specific knowledge components of multicultural counselor competency. As expected, the Knowledge subscale on the Multicultural Counseling Knowledge and Awareness Scale (Ponterotto et al., 1996) correlated the strongest with the SOCCS's Knowledge subscale $r(254) = .56$, $p = 00$. Lastly, to assess the validity of the Skills subscale, the SOCCS was compared to the Counselor Self-Efficacy Scale (Melchert et al., 1996). The Skills subscale on the SOCCS demonstrated the strongest relationship with the Counselor Self-Efficacy Scale $r(248) = .54$, $p = 00$.

Discussion

The main purpose of this study was to develop the Sexual Orientation Counselor Competency Scale, a psychometrically sound instrument to measure the awareness, skills, and knowledge of counselors, psychologists, and trainees when working with LGB issues and individuals. Data from this study provides excellent initial reliability and validity estimates for the SOCCS. Overall results from this study demonstrate that the SOCCS is a psychometrically sound instrument that can assess a counselor's competency when working with LGB clients. Findings from this study indicate that the process of defining and assessing counselor competency may be similar across different minority or oppressed groups. Considering the similarities and relationships found between multicultural and sexual orientation counselor competency, it reasons that the SOCCS can both borrow from and build on previous multicultural counselor competency theory.

Recommendations for the use of the SOCCS follow those made by previous multicultural counselor competency researchers (LaFromboise et al., 1991; Ponterotto et al., 1994; Pope-Davis & Dings, 1995). Given the lack of research with the SOCCS, it is recommend that this scale not be used to test or evaluate for placement students' or potential students' sexual orientation counselor competency until more research is conducted. This limit notwithstanding, the SOCCS does have value in its utility to contribute to future research of sexual orientation and multicultural counselor competency. Three main avenues of future research are recommended for the SOCCS, including: (a) further defining sexual

orientation counselor competency; (b) outcome evaluation studies; and, (c) further criterion and concurrent validity studies.

Future research on sexual orientation counselor competency promises to uncover areas that seem especially problematic concerning students' ability to work with LGB clients. This information can in turn fuel the invention of precise training interventions to address these problems. For example, this study uncovered the strong relationship between religious conservatism and lower sexual orientation counselor competency. In light of this finding, educators can use this information to develop creative education programs that directly address the complex issues of sexual orientation and religion in the classroom. For example, a potential training intervention could include inviting clergy or others who have both struggled with and positively resolved their homoprejudicial beliefs about LGB individuals to guest lecture. Such interventions would model that one can move from more discriminatory and moralistic attitudes about homosexuality to viewpoints congruent with the ethical and accreditation codes of the American Psychological Association and American Counseling Association (American Counseling Association, 1995; American Psychological Association, 1992). In summary, the development of the SOCCS represents opportunities for the psychology profession as a whole to become more accountable and proactive in providing competent psychological services to the LGB community.

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Appendix

S.O.C.C.S.

Using the following scale, rate the truth of each item as it applies to you by circling the appropriate number.

1 2 3 4 5 6 7

Not At All True Somewhat True Totally True

1. I have received adequate clinical training and supervision to counsel lesbian, gay, and bisexual (LGB) clients.

1 2 3 4 5 6 7

2. The lifestyle of a LGB client is unnatural or immoral.

1 2 3 4 5 6 7

3. I check up on my LGB counseling skills by monitoring my functioning/competency – via consultation, supervision, and continuing education.

1 2 3 4 5 6 7

4. I have experience counseling gay male clients.

1 2 3 4 5 6 7

5. LGB clients receive "less preferred" forms of counseling treatment than heterosexual clients.

1 2 3 4 5 6 7

6. At this point in my professional development, I feel competent, skilled, and qualified to counsel LGB clients.

1 2 3 4 5 6 7

7. I have experience counseling lesbian or gay couples.

1 2 3 4 5 6 7

8. I have experience counseling lesbian clients.

1 2 3 4 5 6 7

9. I am aware some research indicates that LGB clients are more likely to be diagnosed with mental illnesses than are heterosexual clients.

1 2 3 4 5 6 7

10. It's obvious that a same sex relationship between two men or two women is not as strong or as committed as one between a man and a woman.

1 2 3 4 5 6 7

11. I believe that being highly discreet about their sexual orientation is a trait that LGB clients should work towards.

1 2 3 4 5 6 7

12. Heterosexist and prejudicial concepts have permeated the mental health professions.

1 2 3 4 5 6 7

13. I am familiar with the research and writings of Michael Santana-De Vio and I can discuss his work as it relates to LGB issues.

1 2 3 4 5 6 7

14. I feel competent to assess the mental health needs of a person who is LGB in a therapeutic setting.

1 2 3 4 5 6 7

15. I believe that LGB couples don't need special rights (domestic partner benefits, or the right to marry) because that would undermine normal and traditional family values.

1 2 3 4 5 6 7

16. It would be best if my clients viewed a heterosexual lifestyle as ideal.

1 2 3 4 5 6 7

1 2 3 4 5 6 7

Not At All True **Somewhat True** **Totally True**

17. I am familiar with the research and writings of Lisa Loranin and I can discuss her work as it relates to LGB issues.

1 2 3 4 5 6 7

18. I have experience counseling bisexual (male or female) clients.

1 2 3 4 5 6 7

19. I am aware of institutional barriers that may inhibit LGB people from using mental health services.

1 2 3 4 5 6 7

20. I am aware that counselors frequently impose their values concerning sexuality upon LGB clients.

1 2 3 4 5 6 7

21. I think that my clients should accept some degree of conformity to traditional sexual values.

1 2 3 4 5 6 7

22. Currently, I do not have the skills or training to do a case presentation or consultation if my client were LGB.

1 2 3 4 5 6 7

23. I believe that LGB clients will benefit most from counseling with a heterosexual counselor who endorses conventional values and norms.

1 2 3 4 5 6 7

24. I am familiar with the research and writings of Donna McFarly and I can discuss her work as it relates to lesbian issues.

1 2 3 4 5 6 7

25. Sexual orientation differences between counselor and client may serve as an initial barrier to effective counseling of LGB individuals.

1 2 3 4 5 6 7

26. I have done a counseling role-play as either the client or counselor involving a LGB issue.

1 2 3 4 5 6 7

27. Personally, I think homosexuality is a mental disorder or a sin and can be treated through counseling or spiritual help.

1 2 3 4 5 6 7

28. I believe that all LGB clients must be discreet about their sexual orientation around children.

1 2 3 4 5 6 7

29. When it comes to homosexuality, I agree with the statement: "You should love the sinner but hate or condemn the sin".

1 2 3 4 5 6 7

Thank you for completing this scale.

Scoring the SOCCS

Instructions: First, reverse score those questions in parentheses (so 1 = 7, 2 = 6, 3 = 5, 4 = 4, 5 = 3, 6 = 2, 7 = 1). For each subscale, add up the scores of the question listed (remembering to add the reverse score for questions in parentheses) and divide by the number of questions in each subscale. To calculate total SOCCS scores, add up all items and divide by 29. **Note. Scoring information was not provided to study participants.**

Awareness:(2) + (10) + (11) + (15) + (16) + (21) + (23) + (27) + (28) + (29) = Your Raw Score
Divide Your Raw Score by 10 (number of questions)
Skills: 1 + 3 + 4 + 6 + 7 + 8 + 14 + 18 + (22) + 26 = Your Raw Score
Divide Your Raw Score by 10 (number of questions)
Knowledge: 5 + 9 + 12 + 19 + 20 + 25 = Your Raw Score
Divide Your Raw Score by 6 (number of questions)
SD: 13 + 17 + 24 = Your Raw Score; Divide Your Raw Score by 3 (number of questions)

Table 1

Ethnic/Racial Breakdown

Category	Frequency	Percent
African American/Black	20	7.0
Asian American/Pacific Islander	31	10.8
Native American	2	.7
European American/White	172	59.9
Latino/a	35	12.2
Biracial	14	4.9
Other	6	2.1
Declined to Respond	7	2.4

Table 2

Mean SOCCS and Subscale Scores for Education Levels

Education Level		Skill	Aware	Know	Social D	SOCCS
Undergraduate Students						
(n = 49)	M	1.57	6.56	3.76	1.03	4.01
	SD	0.60	0.56	1.10	0.11	0.45
MA/MS Students						
(n = 156)	M	2.57	6.33	3.93	1.11	4.33
	SD	1.06	0.91	1.14	0.34	0.77
Doctoral Students						
(n = 50)	M	2.90	6.58	4.71	1.14	4.74
	SD	1.28	0.79	1.16	0.55	0.74
Psychologists (Ph.D.)						
(n = 32)	M	5.60	6.80	5.19	1.71	5.97
	SD	0.69	0.29	0.61	1.23	0.40

Note. Skills = Skills subscale; Aware = Awareness subscale; Know Knowledge subscale; Social D = Social Desirability subscale; SOCCS = Sexual Orientation counselor Competency Scale.

Table 3

Mean SOCCS Scores for Heterosexual and LGB Participants

	Heterosexual		LGB	
SOCCS Scores	M	SD	M	SD
Skills	2.63	1.31	3.81	2.04
Awareness	6.43	.83	6.82	.30
Knowledge	4.14	1.15	4.50	1.30
Social D	1.17	.59	1.11	.27
SOCCS	4.44	.81	5.15	.96

Note. Skills = Skills subscale; Awareness = Awareness subscale; Knowledge = Knowledge subscale; Social D = Social Desirability subscale; SOCCS = Sexual Orientation Counselor Competency Scale.

Table 4

Mean SOCCS and Subscale Scores for Religious Conservatism

Religious Category		Skills	Aware	Know	Social D	SOCCS
Atheist/Agnostic						
(n = 60)	M	3.16	6.82	4.45	1.18	4.88
	SD	1.75	0.27	1.15	0.72	0.84
Conservative						
(n = 49)M		2.44	5.78	3.86	1.12	4.05
	SD	1.34	1.23	1.24	0.37	0.98
Moderate						
(n = 61)M		2.40	6.24	3.86	1.13	4.21
	SD	1.15	0.84	1.15	0.46	0.73
Liberal						
(n = 114)	M	2.97	6.69	4.33	1.18	4.72
	SD	1.45	0.47	1.15	0.50	0.76

Note. Skills = Skills subscale; Aware = Awareness subscale; Know Knowledge subscale; Social D = Social Desirability subscale; SOCCS = Sexual Orientation counselor Competency Scale.

Table 5

Correlations of the SOCCS with Convergent and Discriminant Validity Measures

	SKILL	AWAR	KNOW	SOCCS	ATLG	MCC/A	MCC/K	MCC	CSE	BDI
SKILL	--	.29*	.37**	.87**	-.22**	.14*	.46**	.36**	.54**	-.20**
AWAR		--	.27**	.64**	-.80**	.41**	.07	.22**	.11	-.02
KNOW			--	.65**	-.25**	.29**	.56**	.51**	.23**	-.06
SOCCS				--	-.57**	.33**	.50**	.47**	.45**	-.15*
ATLG					--	-.47**	-.07	-.22**	-.07	.03
MCC/A						--	.42**	.74**	.28**	-.19**
MCC/K							--	.95**	.60**	-.24**
MCC								--	.58**	-.26**
CSE									--	-.25**
BDI										--

Note.

SKILL = SOCCS Skills Subscale; AWAR = SOCCS Awareness subscale; KNOW = SOCCS Knowledge subscale; SOCCS = Total SOCCS; ATLG = Attitudes Toward Lesbians and Gay Men Scale; MCC/A = Multicultural Counseling Knowledge and Awareness Scale – Awareness Subscale; MCC/K = Multicultural Counseling Knowledge and Awareness Scale – Knowledge Subscale; MCC = Multicultural Counseling Knowledge and Awareness Scale – Total Scale; CSE = Counselor Self-Efficacy Scale; BDI = Beck's Depression Inventory. * $p < .05$, 2-tailed. ** $p < .01$, 2-tailed.